PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)				Docket Number 484112.410D1	
FY 2005				404112	41001
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)					
Application Number 10/771,737				Filed	February 3, 2004
For PROTEOSOME INFLUENZA VACCINE					
Art Unit				Examiner Agnieszka Boesen, Ph.D.	
1648					
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.					
The requested extension and fee are as follows (check time period desired and enter the appropriate					
fee below):					
		Fee	Small E	ntity Fee	<u>e</u>
	One month (37 CFR 1.17(a)(1))	\$120	\$6	30	\$
	Two months (37 CFR 1.17(a)(2))	\$450	\$2	25	\$
	Three months (37 CFR 1.17(a)(3))	\$1020	\$5	10	\$ <u>510</u>
	Four months (37 CFR 1.17(a)(4))	\$1590	\$7	95	\$
	Five months (37 CFR 1.17(a)(5))	\$2160	\$10	080	\$
	Applicant claims small entity status. See 37 CFR 1.27.				
	A check in the amount of the fee is enclosed.				
	Payment by credit card. Form PTO-2038 is attached.				
	The Director has already been authorized to charge fees in this				
X	application to a Deposit Account.	the chave foce a	r aradit anı	, averne	wmont
The Director is hereby authorized to charge the above fees, or credit any overpayme to Deposit Account Number 19-1090.					ayment,
	·				
WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
I am the 🗌 applicant/inventor.					
assignee of record of the entire interest. See 37 CFR 3.71					
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).					
X attorney or agent of record. Registration No. <u>48,903</u>					
attorney or agent under 37 CFR 1.34.					
Registration number if acting under 37 CFR 1.34					
Mae Journe Roll				March 27, 2007	
Signature			Date		
	Mae Joanne Rosok		2	06-622	-4900
	Typed or printed name		Telepl	none Nu	ımber

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. Submit multiple forms if more than one signature is required. Selbo 1701 Commissioner for Patient, Fox Box 1480, Assaudit, AV 22131-1490.

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